



Senate

General Assembly

File No. 150

January Session, 2013

Substitute Senate Bill No. 874

Senate, March 26, 2013

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES' STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (k) of section 17a-215c of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2013*):

4 (k) The [independent council established in connection with the
5 autism spectrum disorder pilot program previously operated by the
6 Department of Developmental Services shall continue to] Autism
7 Spectrum Disorder Advisory Council, established pursuant to section
8 2 of this act, shall advise the Commissioner of Developmental Services
9 on all matters relating to autism.

10 Sec. 2. (NEW) (*Effective July 1, 2013*) (a) There is established the
11 Autism Spectrum Disorder Advisory Council. The council shall consist
12 of the following members: (1) The Commissioner of Developmental
13 Services, or the commissioner's designee; (2) the Commissioner of

14 Children and Families, or the commissioner's designee; (3) the
15 Commissioner of Education, or the commissioner's designee; (4) the
16 Commissioner of Mental Health and Addiction Services, or the
17 commissioner's designee; (5) the Commissioner of Public Health, or the
18 commissioner's designee; (6) the Commissioner of Rehabilitation
19 Services, or the commissioner's designee; (7) the Commissioner of
20 Social Services, or the commissioner's designee; (8) the Secretary of the
21 Office of Policy and Management, or the secretary's designee; (9) the
22 executive director of the Office of Protection and Advocacy for Persons
23 with Disabilities, or the executive director's designee; (10) two persons
24 with autism spectrum disorder, one each appointed by the Governor
25 and the speaker of the House of Representatives; (11) two persons who
26 are parents or guardians of a child with autism spectrum disorder, one
27 each appointed by the Governor and the minority leader of the Senate;
28 (12) two persons who are parents or guardians of an adult with autism
29 spectrum disorder, one each appointed by the president pro tempore
30 of the Senate and the majority leader of the House of Representatives;
31 (13) two persons who are advocates for persons with autism spectrum
32 disorder, one each appointed by the Governor and the speaker of the
33 House of Representatives; (14) two persons who are licensed
34 professionals working in the field of autism spectrum disorder, one
35 each appointed by the Governor and the majority leader of the Senate;
36 (15) two persons who provide services for persons with autism
37 spectrum disorder, one each appointed by the Governor and the
38 minority leader of the House of Representatives; and (16) two persons
39 who shall be representatives of an institution of higher education in
40 the state with experience in the field of autism spectrum disorder, one
41 each appointed by the Governor and the president pro tempore of the
42 Senate.

43 (b) The council shall have two chairpersons, one of whom shall be
44 the Commissioner of Developmental Services, or the commissioner's
45 designee, and one of whom shall be elected by the members of the
46 council. The council shall make rules for the conduct of its affairs. The
47 council shall meet not less than four times per year and at such other
48 times as requested by the chairpersons. Council members shall serve

49 without compensation.

50 (c) The council shall advise the Commissioner of Developmental
51 Services concerning: (1) Policies and programs for persons with autism
52 spectrum disorder; (2) services provided by the Department of
53 Developmental Services' Division of Autism Spectrum Disorder
54 Services; and (3) implementation of the recommendations resulting
55 from the autism feasibility study. The council may make
56 recommendations to the commissioner for policy and program
57 changes to improve support services for persons with autism spectrum
58 disorder.

59 (d) The Autism Spectrum Disorder Advisory Council shall
60 terminate on June 30, 2018.

61 Sec. 3. Section 17a-217a of the general statutes is repealed and the
62 following is substituted in lieu thereof (*Effective October 1, 2013*):

63 (a) There shall be a Camp Harkness Advisory Committee to advise
64 the Commissioner of Developmental Services with respect to issues
65 concerning the health and safety of persons who attend and utilize the
66 facilities at Camp Harkness. The advisory committee shall be
67 composed of twelve members as follows: (1) The director of Camp
68 Harkness, who shall serve ex officio, one member representing the
69 Southeastern Connecticut Association for Developmental Disabilities,
70 one member representing the Southbury Training School, one member
71 representing the Arc of New London County, one consumer
72 representing persons who use the camp on a residential basis and one
73 member representing parents or guardians of persons who use the
74 camp, all of whom shall be appointed by the Governor; (2) one
75 member representing parents or guardians of persons who use the
76 camp, who shall be appointed by the president pro tempore of the
77 Senate; (3) one [consumer from] member of the Family Support
78 Council established pursuant to section 17a-219c representing persons
79 who use the camp on a day basis, who shall be appointed by the
80 speaker of the House of Representatives; (4) one member representing
81 the board of selectmen of the town of Waterford, who shall be

82 appointed by the majority leader of the House of Representatives; (5)
83 one member representing a private nonprofit corporation that is: (A)
84 Tax exempt under Section 501(c)(3) of the Internal Revenue Code of
85 1986, or any subsequent internal revenue code of the United States, as
86 amended from time to time, and (B) established to promote and
87 support Camp Harkness and its camping programs, who shall be
88 appointed by the majority leader of the Senate; (6) one member
89 representing the Connecticut Institute for the Blind and the Oak Hill
90 School, who shall be appointed by the minority leader of the House of
91 Representatives; and (7) one member representing the United Cerebral
92 Palsy Association, who shall be appointed by the minority leader of
93 the Senate.

94 (b) The advisory committee shall promote communication
95 regarding camp services and develop recommendations for the
96 commissioner regarding the use of Camp Harkness.

97 Sec. 4. Section 17a-248 of the general statutes is repealed and the
98 following is substituted in lieu thereof (*Effective October 1, 2013*):

99 As used in this section and sections 17a-248b to 17a-248g, inclusive,
100 as amended by this act, 38a-490a and 38a-516a, unless the context
101 otherwise requires:

102 (1) "Commissioner" means the Commissioner of Developmental
103 Services.

104 (2) "Council" means the State Interagency Birth-to-Three
105 Coordinating Council established pursuant to section 17a-248b, as
106 amended by this act.

107 (3) "Early intervention services" means early intervention services,
108 as defined in [34 CFR Part 303.12] 34 CFR Part 303.13, as from time to
109 time amended.

110 (4) "Eligible children" means children from birth to thirty-six months
111 of age, who are not eligible for special education and related services
112 pursuant to sections 10-76a to 10-76h, inclusive, and who need early

113 intervention services because such children are:

114 (A) Experiencing a significant developmental delay as measured by
115 standardized diagnostic instruments and procedures, including
116 informed clinical opinion, in one or more of the following areas: (i)
117 Cognitive development; (ii) physical development, including vision or
118 hearing; (iii) communication development; (iv) social or emotional
119 development; or (v) adaptive skills; or

120 (B) Diagnosed as having a physical or mental condition that has a
121 high probability of resulting in developmental delay.

122 (5) "Evaluation" means a multidisciplinary professional, objective
123 assessment conducted by appropriately qualified personnel in order to
124 determine a child's eligibility for early intervention services.

125 (6) "Individualized family service plan" means a written plan for
126 providing early intervention services to an eligible child and the child's
127 family.

128 (7) "Lead agency" means the Department of Developmental
129 Services, the public agency responsible for the administration of the
130 birth-to-three system in collaboration with the participating agencies.

131 (8) "Parent" means (A) a biological, adoptive or foster parent of a
132 child; (B) a guardian, except for the Commissioner of Children and
133 Families; (C) an individual acting in the place of a biological or
134 adoptive parent, including, but not limited to, a grandparent,
135 stepparent, or other relative with whom the child lives; (D) an
136 individual who is legally responsible for the child's welfare; or (E) an
137 individual appointed to be a surrogate parent.

138 (9) "Participating agencies" includes, but is not limited to, the
139 Departments of Education, Social Services, Public Health, Children
140 and Families and Developmental Services, the Insurance Department,
141 the Department of Rehabilitation Services and the Office of Protection
142 and Advocacy for Persons with Disabilities.

143 (10) "Qualified personnel" means persons who meet the standards
144 specified in [34 CFR Part 303.12(e)] 34 CFR Part 303.31, as from time to
145 time amended, and who are licensed physicians or psychologists or
146 persons holding a state-approved or recognized license, certificate or
147 registration in one or more of the following fields: (A) Special
148 education, including teaching of the blind and the deaf; (B) speech and
149 language pathology and audiology; (C) occupational therapy; (D)
150 physical therapy; (E) social work; (F) nursing; (G) dietary or nutritional
151 counseling; and (H) other fields designated by the commissioner that
152 meet requirements that apply to the area in which the person is
153 providing early intervention services, provided there is no conflict
154 with existing professional licensing, certification and registration
155 requirements.

156 (11) "Service coordinator" means a person carrying out service
157 coordination services, as defined in [34 CFR Part 303.22] 34 CFR Part
158 303.34, as from time to time amended.

159 (12) "Primary care provider" means physicians and advanced
160 practice registered nurses, licensed by the Department of Public
161 Health, who are responsible for performing or directly supervising the
162 primary care services for children enrolled in the birth-to-three
163 program.

164 Sec. 5. Subsections (a) and (b) of section 17a-248b of the general
165 statutes are repealed and the following is substituted in lieu thereof
166 (*Effective October 1, 2013*):

167 (a) The lead agency shall establish a State Interagency Birth-to-Three
168 Coordinating Council and shall provide staff assistance and other
169 resources to the council. The council shall consist of the following
170 members, appointed by the Governor: (1) Parents, including minority
171 parents, of children with disabilities twelve years of age or younger,
172 with knowledge of, or experience with, programs for children with
173 disabilities from birth to thirty-six months of age, the total number of
174 whom shall equal not less than twenty per cent of the total
175 membership of the council, and at least one of whom shall be a parent

176 of a child six years of age or younger, with a disability; (2) two
177 members of the General Assembly at the time of their appointment,
178 one of whom shall be designated by the speaker of the House of
179 Representatives and one of whom shall be designated by the president
180 pro tempore of the Senate; (3) one person involved in the training of
181 personnel who provide early intervention services; (4) one person who
182 is a member of the American Academy of Pediatrics; (5) the state
183 coordinator of education for homeless children and youth, the state
184 coordinator for early childhood special education and one person from
185 each of the participating agencies, except the Department of Education,
186 who shall be designated by the commissioner or executive director of
187 the participating agency and who have authority to engage in policy
188 planning and implementation on behalf of the participating agency; (6)
189 public or private providers of early intervention services, the total
190 number of whom shall equal not less than twenty per cent of the total
191 membership of the council; and (7) a representative of a Head Start
192 program or agency. The Governor shall designate the chairperson of
193 the council who shall not be the designee of the lead agency.

194 (b) The Governor shall appoint all members of the council for terms
195 of three years. No appointed member of the council may serve more
196 than two consecutive terms, except a member may continue to serve
197 until a successor is appointed.

198 Sec. 6. Section 17a-248d of the general statutes is repealed and the
199 following is substituted in lieu thereof (*Effective October 1, 2013*):

200 (a) The lead agency, in coordination with the participating agencies
201 and in consultation with the council, shall establish and maintain a
202 state-wide birth-to-three system of early intervention services pursuant
203 to Part C of the Individuals with Disabilities Education Act, 20 USC
204 1431 et seq., for eligible children and families of such children.

205 (b) The state-wide system shall include a system for compiling data
206 on the number of eligible children in the state in need of appropriate
207 early intervention services, the number of such eligible children and
208 their families served, the types of services provided and other

209 information as deemed necessary by the lead agency.

210 (c) The state-wide system shall include a comprehensive child-find
 211 system and public awareness program to ensure that eligible children
 212 are identified, located, referred to the system and evaluated. The
 213 following persons and entities, [within two working days of
 214 identifying] as soon as possible but not later than seven calendar days
 215 after identifying a child from birth to three years of age suspected of
 216 having a developmental delay or of being at risk of having a
 217 developmental delay, shall refer the parent of such child to the early
 218 intervention system unless the person knows the child has already
 219 been referred: (1) Hospitals; (2) child health care providers; (3) local
 220 school districts; (4) public health facilities; (5) early intervention service
 221 providers; (6) participating agencies; and (7) such other social service
 222 and health care agencies and providers as the commissioner specifies
 223 in regulation.

224 (d) The commissioner, in coordination with the participating
 225 agencies and in consultation with the council, shall adopt regulations,
 226 pursuant to chapter 54, to carry out the provisions of section 17a-248,
 227 as amended by this act, and sections 17a-248b to 17a-248g, inclusive, as
 228 amended by this act, 38a-490a and 38a-516a.

229 (e) The state-wide system shall include a system for required
 230 notification to any local or regional school board of education no later
 231 than January first of each year of any child who resides in the local or
 232 regional school district, participates in the state-wide program and will
 233 attain the age of three during the next fiscal year. Such system of
 234 notification shall include provisions for preserving the confidentiality
 235 of such child and of the parent or guardian of such child.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2013	17a-215c(k)
Sec. 2	July 1, 2013	New section
Sec. 3	October 1, 2013	17a-217a

Sec. 4	<i>October 1, 2013</i>	17a-248
Sec. 5	<i>October 1, 2013</i>	17a-248b(a) and (b)
Sec. 6	<i>October 1, 2013</i>	17a-248d

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which updates the statutes of various councils which are under the auspices of the Department of Developmental Services (DDS) and makes minor, technical changes to the DDS statutes, has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 874*****AN ACT CONCERNING VARIOUS REVISIONS TO THE
DEPARTMENT OF DEVELOPMENTAL SERVICES' STATUTES.*****SUMMARY:**

This bill creates a 23-member Autism Spectrum Disorder Advisory Council, as a successor to an independent council established in connection with a previous pilot program, to advise the Department of Developmental Services (DDS) commissioner on autism issues. The council consists of nine state officials or their designees, six gubernatorial appointments, and eight members appointed by legislative leaders. The council will terminate on June 30, 2018.

The bill limits appointed members of the State Interagency Birth-to-Three Coordinating Council to two consecutive terms, although they may continue to serve until a successor is appointed. The bill also increases the council's membership by one. Current law provides that members include, among various others, a person with policy making authority designated by the commissioner or executive director of each of the participating state agencies. The bill eliminates this reference regarding a Department of Education representative, instead designating two members from the department for inclusion on the council: the state coordinators of (1) education for homeless children and youth and (2) early childhood special education.

By law, child health care providers, schools, and specified others must refer parents of a child younger than age three who is suspected of or at risk of having a developmental delay to the Birth-to-Three program. The referral is not required if the person or entity knows the child has already been referred. Current law requires such a referral within two working days of the person identifying the child in this manner. The bill instead requires the referral as soon as possible but

not later than seven calendar days after the identification. This change conforms to a change in federal regulations (34 C.F.R. § 303.303).

The bill also makes minor, technical, and clarifying changes to DDS statutes.

EFFECTIVE DATE: the provisions creating the advisory council are effective July 1, 2013; the other provisions are effective October 1, 2013

§§ 1-2 – AUTISM SPECTRUM DISORDER ADVISORY COUNCIL

The bill creates an Autism Spectrum Disorder Advisory Council, effective July 1, 2013. Effective October 1, 2013, it substitutes a reference to this new council for a reference to a previously established independent council charged with advising the DDS commissioner on all matters relating to autism.

The Autism Spectrum Disorder Advisory Council created by the bill consists of the following members:

1. the commissioners of DDS, children and families, education, mental health and addiction services, public health, rehabilitation services, and social services, or their designees;
2. the Office of Policy and Management secretary, or his designee;
3. the executive director of the Office of Protection and Advocacy for Persons with Disabilities, or his designee;
4. two people with autism spectrum disorder, one each appointed by the governor and House speaker;
5. two people who are parents or guardians of a child with autism spectrum disorder, one each appointed by the governor and Senate minority leader;
6. two people who are parents or guardians of an adult with autism spectrum disorder, one each appointed by the Senate president pro tempore and House majority leader;

7. two advocates for people with autism spectrum disorder, one each appointed by the governor and House speaker;
8. two licensed professionals working in the field of autism spectrum disorder, one each appointed by the governor and Senate majority leader;
9. two people who provide services for people with autism spectrum disorder, one each appointed by the governor and House minority leader; and
10. two representatives of a higher education institution in the state with experience in the field of autism spectrum disorder, one each appointed by the governor and Senate president pro tempore.

Under the bill, the council's chairpersons are: (1) the DDS Commissioner or his designee and (2) one elected by the council members. The council must make rules for conducting its affairs and meet at least four times per year and at such other times as the chairpersons request. Council members serve without compensation.

The council must advise the DDS commissioner on all matters relating to autism, including (1) policies and programs for people with autism spectrum disorder, (2) services provided by DDS' Division of Autism Spectrum Disorder Services, and (3) implementing the recommendations of the autism feasibility study (a study required by PA 11-6 to consider the needs of people with autism spectrum disorder). The council may also recommend policy and program changes to the commissioner to improve support services for people with autism spectrum disorder.

BACKGROUND

Related Bill

SB 1029, reported favorably by the Insurance and Real Estate Committee, retains health insurance coverage for autism spectrum disorder as defined in the fourth edition of the American Psychiatric

Association's Diagnostic and Statistical Manual of Mental Disorders, rather than the most recent edition of the manual (a new edition is scheduled for release in May 2013).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (03/11/2013)